

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Aug</i>		2/7/00
O.I.P.E. CLASSIFIER		59	9/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AB</i>	5222	10-17-00

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 - (Through numeral) \_\_\_\_\_ Allowed  
 + \_\_\_\_\_ Canceled  
 \_\_\_\_\_ Restricted  
 H \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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08/15/00

APPL 09

APPLICANTS

DATE

DATE

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